



**Mayor Jennifer Kuhn
Jackson Township, NJ 08527**

Division of Rental Housing Safety

Rental Housing Inspection Fee Acceptance Form

Pursuant to Ordinance 25-2025

Date: _____

Check Number: _____ **Amount Paid:** \$ _____

Property Information

Property Address:

Homeowner Information

Homeowner Name:

Homeowner Mailing Address:

Contact Number: _____

Email Address: _____

Purpose of Payment

Rental Housing Inspection Fee

Office Use Only

Received By: _____

Receipt Number: _____

Date Received: _____

This printable form acknowledges receipt of a fee submitted for a rental housing inspection through the Division of Rental Housing Safety, Jackson Township, New Jersey, in accordance with Ordinance 25-2025.

Inspection Scheduling Notice

The Division of Rental Housing Safety is currently in the process of staffing this department. Once staffing is finalized, you will be contacted using the email address and contact number provided on this form to schedule the rental housing inspection.